



PROGRAM REGISTRATION FORM

Register anytime online at: www.eauclairewi.gov

Check **all** that apply:

- ☐ City Resident
 ☐ Non City Resident
☐ Eau Claire Area School District Resident
☐ Non Eau Claire Area School District Resident

Family Last Name

(person completing form) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work/Day Phone _____

E-mail Address: _____

Ask for _____

Program Choice #1	Program Choice #2	Activity Name	Activity Fee	Participant's Name	Birthdate	Age	M/F	Grade*	School Attending Fall 2006

*Grade as of Fall 2006

Are you interested in being a coach or coach's assistant for your child's team? ☐ Yes ☐ No

If yes, please indicate full name: _____ ☐ Coach ☐ Assistant

I understand participation in Parks and Recreation Programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs.

Parent/Guardian Signature _____

Date _____

→PAYMENT INFORMATION←

Total enclosed: \$ _____ Card #: _____

☐ Cash
 ☐ Check
 ☐ Money Order
 ☐ VISA
 ☐ Mastercard

Expiration Date: _____

Cardholder Signature: _____

Make check payable to: **Eau Claire City Treasurer**

Mail to: Parks & Recreation, 1300 First Avenue, Eau Claire, WI 54703